<b>₹</b>	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	report any other assets, "unearned	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
S S	Yes 🔲	trusts" need not	of Official Conduct and certain other "excepted trusts" need not youse, or dependent child?	on standards ng you, your sp	Trusts" approved by the Committee port details of such a trust benefiti	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
S	UESTION	OF THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	PENDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" response	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	have any reportable res	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
8	es	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No U	d purchase, sell, ction exceeding Yes	IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
ĕ 	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No	receive "unearned" yes X	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
No No	es —	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	363  X	donation to charity in or article in the	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
§ ⊠	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	Š	ne (e.g., salaries or reporting period? Yes	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.
			QUESTIONS	OF THESE	- ANSWER EACH	PRELIMINARY INFORMATION -
assessed nore than	Ity shall be an	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Date:	Officer or Employee	State: OK s District: OK Amendment	Status House of Representatives  Report Annual (May 15)
ric	MII: 16	PROBLEM 30 AMII: 16	302 735646 (Daytime Telephone)		(Full Name)	Perer A.
	L RE COURCE CONTEX	INSIDE RECOU				
	F	DE MAIL	Form A For use by Members, officers, and employees		STATEMENT  a Period	2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
					PEDDECENTATIVES	INITED STATES HOUSE OF B

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Page 2 of

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and bene	benefits received under the Social Security Act.	curity Act.
	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
115. Gov)	Sect Sugar	NA
CITY OF EWEND	Slouse Sough	MA

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Page 3_ of

# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
Examples. XYZ Magazine	Article	Aug. 13, 2007	\$500

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	×					H	Royalties			-		-					1	+	+	÷	Indefinite	nde:		Examples:
S (partial)		7	+	×	-	-+		_	×	$-\dagger$	×	_	_			$\uparrow$	1	_	$\dashv$	×	$\dashv$	-}	$\rightarrow$	SP. Sp Mega Corp. Stock
as follows: (S) (partial) See below for example.  P, S, E	\$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000	\$5,001 ~ \$15,000 \$15,001 ~ \$50,000	\$2,501 ~ \$5,000	\$1,001 - \$2,500	\$201 - \$1,000	\$1 - \$200	Other Type of Income (Specify: For Example, Partnership Income o	EXCEPTED/BLIND TRUST	CAPITAL GAINS	RENT INTEREST	DIVIDENDS	NONE	Over \$50,000,000	\$25,000,001 ~ \$50,000,000	\$5,000,001 - \$25,000,000	\$1,000,001 - \$5,000,000	\$500,001 - \$1,000,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$15,001 - \$50,000 \$50,001 - \$100,000	\$1,001 - \$15,000 \$15,001 - \$50,000	\$1 - \$1,000	None	of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. <b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.
If only a  XI portion of an asset is sold, please indicate	VIII VX X	<u> </u>	<	<del>-</del>	 E		or Farm Income) 				<del></del>				٠		I		π		<u></u>	0	<u> </u>	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature
sales (S), or exchanges (E) exceeding \$1000 in reporting year.	ror all other assets, including all IHAS, indicate the category of income by indicate the category of income box below. Dividends and interest, even if relivested, should be listed as income. Check "None" if no income was received.	-or all other assets, including indicate the category of incohecking the appropriate boolividends and interest, ever vested, should be listed as Check "None" if no income was	asser cate ap ap <b>nd ii</b> <b>iif</b> nc	ror all other all indicate the checking the Dividends and vested, should Check "None".	ror all other the indicate the checking the Dividends all vested, shou	or andicandicandicandicandicand heck	winte "NA" For Ming all IRAs, ome by check-box below. t, even if reined as income. did not gener-calendar year.	s includes includes includes incommented incommented incommented includes i	you sets type oppro nd in me d	ents, yo r assett the typ appr a appr should should None" i	in vestments, you all other assets indicate the type indicate the appropriate appropriate appropriate the appropriate appropriate appropriate appropriate appropriate appropriate appropriate the appropriate appropri	indicall of the control of the contr	be ∺	ortin	ecal	the lue:	please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	the the	solution in the	cify was inco	spe	please sp please sp If an asser year and generated "None."	ple. If all year gen	od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income.	ns or a thoose write ")	nt pla Tay w	you you	etire.	or not a		or acc	bans lans	A T &	Check all columns relirement plans or not allow you to	not Ch	위으	se Jatic	clo val	e at	Indicate value of asset at close of reporting year. If you use a valuation	you	= <u>°</u>	value year	e Qi	Indicate	rep	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting peri-
	Amount of Income	t of it	unc	×χ	7>			of Income		Type						œ	Value of Asset	랓	e G	¥a				Asset and/or Income Source
BLOCK E		BLOCK D	BF				3	LOCK C	BE C	j				ŀ			B	вгоск в	윤					BLOCK A
Page 4 of 9			$\Pi_O \mid$	2210	1,5		Name $\int\!\!\!\!/ Q_I$	} 						111	<u>s</u>	8	Ž	)"]	E	ž	Ä	Z.	ٿ	SCHEDULE III—ASSETS AND "UNEARNED" INCOME

P. S. (Parry)

Continuation Sheet (if needed)				!
BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
S, P	000 <u>-</u>	UST		Ç, "P
DC.	\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$5,000,000 \$25,000,000 \$1,000,000	AINS D/BLIND TRUS	500 000 5,000 50,000 100,000 \$1,000,000 -\$5,000,000	m ç
	\$5,000,001	Other Type	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$1 \$100,001 - \$ \$1,000,001 - \$ Over \$5,000	
DOMINION RESOURCES	X	X	X	S
SP Pacific Cascade FCU	X	×		
SP IRG OULMAR EGLY	<b>X</b>	X (Comisson)	X (DIV Remunested)	PDIN Keines
UK OF New	X	X	×	
SI SONTINGE BELONGED	×	X (Rainvested)	X Rondugred	P Div Kemvest
St DOF, COMP ING	USIO 72/24 X)	Orsikisord &s socow)		
SP FIDELIFY CONSEG	X	1111 1110	N N	
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offic GRONTH	×	NATHO BY CUE W	Contatamors	
SP Baron GROWTH	×			
MONY	×		2	TRANSFORKE
SP VANKEMPEN CONSTOCK	× **		- SA	TRANSFARRES
JT YUSHERE ROWAL	X	X	×	
TT RONDEL 338 Analog	×	×	*	
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## SCHEDULE IV-

Report any purchase, sale, or exchange by dependent child during the reporting year o stocks, bonds, commodities futures, or other amount of the transaction exceeded \$1,000. that resulted in a loss. Provide a brief descripti transaction. Do not report a transaction betwee or your dependent child, or the purchase or si residence, unless it is rented out. If only a poi sold, please so indicate (i.e., "partial sale").  SP, DC, JT  SP  Example: Mega Coporation Common Stock  Self  Oquagry  Self  Oquagry  Self  Self  Oquagry  Select  Oquagry  Select  Select  Select  Oquagry  Select  Select  Select  Oquagry  Select  Select  Oquagry  Select  Select  Select  Oquagry  Select  Se	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  DC, JT  Example: Mega Coporation Common Stock (partial sale)  Self  OQUMQRY Select (Mo Payrol Decl)  Self  OQUMQRY Select (Mo Payrol Decl)  Self  Couring Residence  Residence  Mo Payrol Decl  Self  Residence  Residence  Asset  Self  OQUMQRY Select (Mo Payrol Decl)  Self  Couring Residence  Resid	Y X PURCHASE 9 3	Y X X PURCHASE  Type  Type  Y X X X X SALE  EXCHANGE	X EXCHANGE	Date  (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable  10–12–07  11/10  8/15	× × × × \$1,001- \$15,000 m	× \$15,001- \$50,000	\$100,000	\$250,000 m \$250,001- n		\$500,001- \$1,000,000 ± \$5,000,000 ± \$5,000,001- \$5,000,001-	\$5,000,000 _ Bg ge	\$25,000,001-	\$50,000,000 S
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## SCHEDULE V— LIABILITIES

Name DeFazio

Page Z of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

							Amount of Liability	of L	ability			
SP.				00	C	ם	H.	_	- <b>-</b>		1-,	
JT C.	Creditor		Type of Liability	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000 \$100,001-	\$250,000 <b>\$250,001</b> -	\$500,000 \$500,001-	\$1,000,000 \$1,000,001-	\$5,000,000 \$5,000,001-	\$25,000,000 \$25,000,001 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, Delaware		Mortgage on 123 Main St., Dover, Del.				×					
JT	CIFI MORIGABE	MORT	MORT 1083 5. 70 SPELO OR			\ \ \	4		-	} 		
97	COUNTRYAIDE	MIR	MART S3880 PINGGROVE LAPING W		X							
7	BanKOF NOW ZOGLEND	Mori	36 Hempienan Augus NZ		X							
77	Bank OF NOW ZENGMO	Mas	MORT 335 ANALIWA ANGLING NZ		<u> </u>	X		-		<del> </del> _		

#### SCHEDULE VI — GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

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		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	

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Page Z of G

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Examples,	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	<b>\</b>	2 Days
					,		

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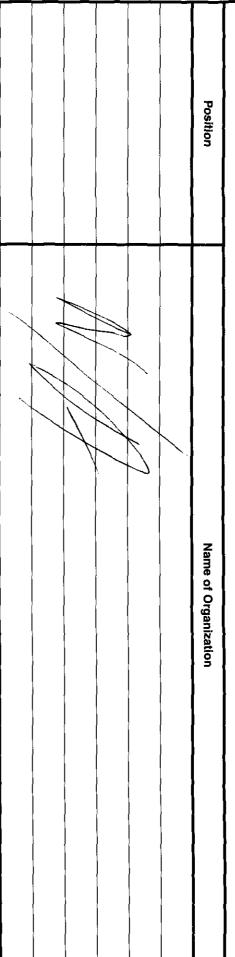
## SCHEDULE VIII—POSITIONS

Name Defazio

Page 4 of 9

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature



## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
_		